

PAE AO 239 (10/09) Application to Proceed in District Court Without Prepaying Fees or Costs (Long Form)

## UNITED STATES DISTRICT COURT

for the

Eastern District of Pennsylvania

Kennedy

Plaintiff/Petitioner

HANNA et al.

Defendant/Respondent

Civil Action No.

FILED

MAR - 5 2018

KATE BARKMAN, CLERK  
U.S. District Court  
Eastern District of PennsylvaniaAPPLICATION TO PROCEED IN DISTRICT COURT WITHOUT PREPAYING FEES OR COSTS  
(Long Form)

## Affidavit in Support of the Application

## Instructions

I am a plaintiff or petitioner in this case and declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief requested. I declare under penalty of perjury that the information below is true and understand that a false statement may result in a dismissal of my claims.

Complete all questions in this application and then sign it. Do not leave any blanks: if the answer to a question is "0," "none," or "not applicable (N/A)," write that response. If you need more space to answer a question or to explain your answer, attach a separate sheet of paper identified with your name, your case's docket number, and the question number.

Signed

Date:

2-6-2018

1. For both you and your spouse estimate the average amount of money received from each of the following sources during the past 12 months. Adjust any amount that was received weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate. Use gross amounts, that is, amounts before any deductions for taxes or otherwise.

| Income source                                     | Average monthly income amount during the past 12 months |        | Income amount expected next month |        |
|---|---|--------|-----------------------------------|--------|
|   | You   | Spouse | You                               | Spouse |
| Employment  | \$ 0  | \$     | \$ 0                              | \$     |
| Self-employment                                   | \$  | \$     | \$                                | \$     |
| Income from real property (such as rental income) | \$  | \$     | \$                                | \$     |
| Interest and dividends                            | \$  | \$     | \$                                | \$     |
| Gifts   | \$  | \$     | \$                                | \$     |
| Alimony   | \$  | \$     | \$                                | \$     |
| Child support                                     | \$  | \$     | \$                                | \$     |

\* NOT MARRIED

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|  |                |           |                |           |
|--|----------------|-----------|----------------|-----------|
| Retirement (such as social security, pensions, annuities, insurance) | \$ 1593        | \$        | \$ 1593        | \$        |
| Disability (such as social security, insurance payments)             | \$ 0           | \$        | \$             | \$        |
| Unemployment payments  | \$ 0           | \$        | \$             | \$        |
| Public-assistance (such as welfare)                                  | \$ 0           | \$        | \$             | \$        |
| Other (specify):   | \$ 0           | \$        | \$             | \$        |
| <b>Total monthly income:</b>   | <b>\$ 1593</b> | <b>\$</b> | <b>\$ 1593</b> | <b>\$</b> |

2. List your employment history for the past two years, most recent employer first. (Gross monthly pay is before taxes or other deductions.)

| Employer | Address | Dates of employment | Gross monthly pay |
|----------|---------|---------------------|-------------------|
|          | NA      |                     | \$                |
|          |         |                     | \$                |

3. List your spouse's employment history for the past two years, most recent employer first. (Gross monthly pay is before taxes or other deductions.)

| Employer | Address | Dates of employment | Gross monthly pay |
|----------|---------|---------------------|-------------------|
|          |         |                     | \$                |
|          | NA      |                     | \$                |
|          |         |                     | \$                |

4. How much cash do you and your spouse have? \$ \_\_\_\_\_

Below, state any money you or your spouse have in bank accounts or in any other financial institution.

| Financial institution | Type of account | Amount you have | Amount your spouse has |
|-----------------------|-----------------|-----------------|------------------------|
| TD COM                | checking        | \$ 200.00       | \$                     |
|                       |                 | \$              | \$                     |
|                       |                 | \$              | \$                     |

If you are a prisoner, you must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.

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5. List the assets, and their values, which you own or your spouse owns. Do not list clothing and ordinary household furnishings.

| Assets owned by you or your spouse |                                |
|------------------------------------|--------------------------------|
| Home (Value)                       | \$ No                          |
| Other real estate (Value)          | \$                             |
| Motor vehicle #1 (Value)           | \$ Approx \$7000 <sup>00</sup> |
| Make and year:                     | 2011 - CRV                     |
| Model:                             | 2011 CRV                       |
| Motor vehicle #2 (Value)           | \$ No                          |
| Make and year:                     |                                |
| Model:                             |                                |
| Other assets (Value)               | \$                             |
| Other assets (Value)               | \$                             |

6. State every person, business, or organization owing you or your spouse money, and the amount owed.

| Person owing you or your spouse money | Amount owed to you | Amount owed to your spouse |
|---------------------------------------|--------------------|----------------------------|
| No                                    | \$                 | \$                         |
|                                       | \$                 | \$                         |
|                                       | \$                 | \$                         |

7. State the persons who rely on you or your spouse for support.

| Name (or, if under 18, initials only) | Relationship | Age |
|---------------------------------------|--------------|-----|
| No                                    |              |     |
|                                       |              |     |
|                                       |              |     |

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- B. Estimate the average monthly expenses of you and your family. Show separately the amounts paid by your spouse. Adjust any payments that are made weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate.

|  | You                               | Your spouse |
|--|-----------------------------------|-------------|
| Rent or home-mortgage payment (including lot rented for mobile home)<br>Are real estate taxes included? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Is property insurance included? <input type="checkbox"/> Yes <input type="checkbox"/> No | \$ 620                            | \$          |
| Utilities (electricity, heating fuel, water, sewer, and telephone)   | \$                                | \$          |
| Home maintenance (repairs and upkeep)  | \$                                | \$          |
| Food   | \$ 400                            | \$          |
| Clothing   | \$ 100                            | \$          |
| Laundry and dry-cleaning   | \$ 20 <sup>00</sup> <del>20</del> | \$          |
| Medical and dental expenses  | \$ 200                            | \$          |
| Transportation (not including motor vehicle payments)  | \$ 200                            | \$          |
| Recreation, entertainment, newspapers, magazines, etc.   | \$ 100                            | \$          |
| Insurance (not deducted from wages or included in mortgage payments)   |                                   |             |
| Homeowner's or renter's:   | \$                                | \$          |
| Life:  | \$                                | \$          |
| Health:  | \$                                | \$          |
| Motor vehicle:   | \$ 129                            | \$          |
| Other:   | \$                                | \$          |
| Taxes (not deducted from wages or included in mortgage payments) (specify):  | \$                                | \$          |
| Installment payments   |                                   |             |
| Motor vehicle:   | \$                                | \$          |
| Credit card (name):  | \$                                | \$          |
| Department store (name):   | \$                                | \$          |
| Other:   | \$                                | \$          |
| Alimony, maintenance, and support paid to others   | \$                                | \$          |

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|   |         |    |
|---|---------|----|
| Regular expenses for operation of business, profession, or farm (attach detailed statement) | \$ 1124 | \$ |
| Other (specify):  | \$ 200  | \$ |
| <b>Total monthly expenses:</b>  | \$ 1364 | \$ |

9. Do you expect any major changes to your monthly income or expenses or in your assets or liabilities during the next 12 months?

☒ Yes ☒ No If yes, describe on an attached sheet. (see attached AA)

10. Have you paid — or will you be paying — an attorney any money for services in connection with this case, including the completion of this form? ☐ Yes ☒ No

If yes, how much? \$

If yes, state the attorney's name, address, and telephone number:

11. Have you paid — or will you be paying — anyone other than an attorney (such as a paralegal or a typist) any money for services in connection with this case, including the completion of this form? ☐ Yes ☒ No

If yes, how much? \$

If yes, state the person's name, address, and telephone number:

12. Provide any other information that will help explain why you cannot pay the costs of these proceedings.

13. Identify the city and state of your legal residence.

Breiville, Pennsylvania

Your daytime phone number:

Your age: 64 Your years of schooling: 19 +

Last four digits of your social-security number: 5450

\$ 65 in 2018



Attachment AApg 6 of 7.  
S.M.

My health must be Fixed, due to  
infections which has affected  
my voice, and my ability to  
speak and see.

D. G. 2018

(Apostle Ecclesiaste no 1205-12)

Date Nov. 17th 1961

Authorized Bishop

Augustine  
Eckhardt N  
1003115.  
ordered.  
11/17/2013.



**THE SACRED MEDICAL ORDER OF THE KNIGHTS OF HOPE**

Transport No. / Titulaire No. **2501003115**

2501003115

NAME OF BEARER / NOM DU TITULAIRE / APPELLIDOS

**KENNEDY**

Given Names / Nombré **EDWARD THOMAS**

**Nationality / Nation** UNITED STATES OF AMERICA

Place of Birth / Lugar de Naci  
PENNSYLVANIA

Sex / Sexo - Date of Birth / Fecha de Nacimiento

五、

Date of Issue / Fecha de expedición 13 SEP 2012

Date of Expiry / Fecha de Expiración 4 2 0 2 0 4 1

Issuing Authority / Autoridad Expedidora: Sovereign Council

[illegible]

## IMPORTANT

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## Personal

Diplomatic

Profession of  
Holder.

Authorization:

